

TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 * Box 21 * Austin, Texas 78701 512-305-8021 * 512-305-8082 (fax) * www.tsbp.state.tx.us

CORPORATION OWNERSHIP INFORMATION

Please type or print clearly (ALL blanks must be completed. If not applicable, enter N/A.)

NAME OF PHARMACY	PHYSICAL ADDRESS OF PHARMACY (Street, City, State, Zip)		
MAILING ADDRESS OF PHARMACY (If different from physical)	2914 5 BUCKner Ste B Dallas, Tx 75227 ATTENTION TO: (Person, Department, Etc)		
— (II different from physical)	A TEITHORY O. (Lorson, Department, Etc)		
NAME OF CORPORATION OR LLC	ATTENTION TO:		
ADDRESS OF CORPORATION OR LLC (Street, City, State, Zip)			
FEDERAL EMPLOYER ID NUMBER (see www.IRS.gov)	TELEPHONE NUMBER (for Corp or LLC)		
94-3432832	972-703-6527		
NAME AND ADDRESS OF MALPRACTICE INSURANCE CARRIER	(Provide statement if the Business will be Self-Insured)		
CM&F Group Inc 99 Hudson St	12th FL New York, NY 10013		

CORPORATE OFFICERS/DIRECTORS (Top 4 of each.)

NOTE: The person signing the pharmacy application and ownership form must be listed below.

* Disclosure of your social security number (or federal employer identification number, if you are a partnership) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.

NAME		TITLE	"在"的"大"的"大"
Sherry Tenison HOME ADDRESS (city, state, and ZIP)		Director	
1208 Taylor Creek Dr HOME PHONE NUMBER SOCIAL SECURITY NUMBER	Mesquite, Tx	75181 TX PHARMACIST LICE	NSE # (if applicable)
469-387-8025			e1 v.1
Providing Address of Record Indicates You Wish the Ad	dress and Home Telephone L		CONTRACTOR OF THE PARTY OF THE
ADDRESS OF RECORD		ALTERNATE PI	HONE NUMBER
1208 Toulor Creek Dr		(214) 703	-65 7
1208 Taylor Creek Dr CITY Mesquite	STA	ETEXAS	ZIP75181

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TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701 512-305-8000 ★ www.pharmacy.texas.gov

Clinic Pharmacy (Class D) License Application

1	Pharmacy Name & Location Address (Street, City, ZIP)	FOR TSBP USE ONLY					
	Women's Health Care Center	License No. Amount Receipt No. Applicant No.			0.		
	2914 5 BUCKNER Blud Ste B						
	Dallas, TX 75227	5	☐ Check	here if for a NEV	V PHARMACY		
			☐ Check	nere if a CHANG	E OF OWNERS	IIP.	
2	Pharmacy Telephone Number:		If change of	ownership, indica	te previous name,		
	214) 275.5256		address and	license number o	f pharmacy:		
	Pharmacy Fax Number :			W1960001 J 600 J-			
	Q14) 275·5284						
	Web Address:						
	Email Address:						
3	Type of Ownership (check one)	6	Application	Fee Payable to	Texas State Boa		_
			Pharmacy I	icense		\$45	4
	☐ Corporation ☐ Limited Liability Company (LLC) ☐ Government ☐ Partnership		# of Pharm	acy Balances/So	cales	x \$25.00 _\$	
1	☐ Individual ☐ Other (specify)				TOT	AL DUE \$48	54
4	Type of Pharmacy (check one)	7	Description	of Services - C	heck All That Ap	pply	
-	Type of Frialmasy (officer officer)	_		e Visitation Schedu		specify below):	
1	Public Health		☐ Expande	d Formulary	rover. Grand Nesselevit.	Aesto un società i i i i i	
1	Other (specify)		☐ Home De	elivery			
_							_
8	Pharmacist-in-Charge License #	11	Anticipated	Date of Openin	ng and Hours of (Operation:	
	MARISSA EQUINORIES 42568 (Print or type)		7	11/2010	4 9-5	M-F	
9	By my signature, I acknowledge I am the pharmacist-in-charge of this	12	Staff Pharm	nacist(s)		License #	
-	pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.						
	THIS SIGNATURE MUST BE NOTARIZED						
1	1					***	
-	W/auna/244/16						
1	Signature of Pharmacist-in-Charge Date		*				
1		13				Poglotroti -	. #
	a lium		Registered	Technician(s)		Registration	1#
10	Subscribed and sworn to before me this 211+2	-	-				
1	day of		H				
	EDWIN ALLAN HERNANDEZ						
	Notory Public, State of Texas My Commission Expires						
-	February 08, 2017	1				-	
	Notary Public						
		-				- 1 - 1	

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NOTICE: A Class D pharmacy license shall not be issued to a physician's office.

Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).

Read Rule 291.93.

14	Class D Clinic Pharmacy				
\vdash	(a) Name and Texas License Number of Medical Director	· Bernard	Adam, MD-19	338	
	(b) Attach a copy of the Pharmacy's Policy and Procedur	re Manual, which must in	nclude the clinic drug formulary if requesting	permission t	0
	maintain an expanded formulary or an alternative visi	itation schedule, see Bo	ard Rule 291,93.		
15	PRIMARY OWNER OR ONE OF THE MANAGING	G OFFICERS MUST	ANSWER THE FOLLOWING QUESTION	ONS:	
1.	disciplinary action or are any such actions pending against thi reinstatement, suspension, fine, probation, restriction). Include professions.	is entity by a regulatory au e such information for <u>all</u> s	uthority? (Examples: surrender, revocation, states, including Texas, and for all regulated	☐ YES*	□ NO
	*If you answered "yes" to Question #1, include the name the date of the termination of the condition and/or probat	of the Board, licensing of the	or disciplinary authority and the date of the C	Order, and, if a	pplicable,
2.	Has the pharmacy, or the corporation, partnership, or other e as related to any offense?	ntity that owns the pharma	acy, been subject to court ordered probation	☐ YES	NO NO
3.	Are the customer service areas of the Pharmacy accessible to	o disabled persons, as de	fined by federal law?	YES	□ NO
4.	Does the pharmacy provide translating services for customer hearing? If yes, what type of translating services does the photon of translating services for customer hearing? If yes, what type of translating services for customer hearing? If yes, what type of translating services for customer hearing? If yes, what type of translating services for customer hearing? If yes, what type of translating services does the photon of translating services does not consider the photon of	narmacy provide? (check a vice for the Deaf (TDD)		□ YES	□ NO
5.	Does this pharmacy participate in the Texas Medicaid progra			YES	□ NO
6.	Does this pharmacy participate in the Texas State Kids Insura	ance Program (SKIP)?		☐ YES	NO
16	ATTEST: I hereby attest that the foregoing statements, on this correct and that they are all given of my free will. I agree that me to the penalties set forth in the Texas Pharmacy Act. I agree that the texas Pharmacy Act.	s form or those on any atta any misstatement(s) or or	mission(s) as to material facts will constitute viol	owledge true a	nd
	THIS SIGNATURE MUST BE NOTARIZED:				
			Subscribed and sworn to before me the	his	day
	Signature of Owner / Managing Officer	Date	of	, 20	,
9	Owner / Managing Officer's Name (Type or Print)		Notary Public		



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333 Guadalupe Street, Ste. 3-600 Austin, Texas 78701 512-305-8021(voice) 512-305-8075 (fax) www.pharmacy.texas.gov

Corporation/Corporate Ownership Form

Type or print clearly. Complete each and every blank. If not applicable, enter N/A DBA NAME OF PHARMACY (as listed on license application) NAME OF CORPORATION (owner of pharmacy) WOMEN'S HEALTH CARE CENTER, INC SHERRY TENISON PHARMACY LOCATION ADDRESS (must match pharmacy application) MAILING ADDRESS OF CORPORATION (owner of pharmacy) STREET ADDRESS SUITE/UNIT# STREET ADDRESS SUITE/UNIT# 2914 S BUCKNER BLVD 1208 TAYLOR CREEK DR N/A CITY STATE STATE ZIP 75227 **MESQUITE** 75181 DESIGNATED PERSON OF CONTACT FOR PHARMACY DESIGNATED PERSON OF CONTACT FOR CORPORATION (Authorized By Owner/Officer to Discuss Application Materials with TSBP Staff) FULL NAME & TITLE: Phone: FULL NAME & TITLE: Phone: Email: Email: PHARMACY MAILING ADDRESS (if different than location address) FEDERAL TAX INFORMATION - FEDERAL EMPLOYER ID # 94-3432832 (Required see www.IRS.gov) STREET ADDRESS SUITE/UNIT# NAME & ADDRESS OF MALPRACTICE INSURANCE CARRIER N/A (Required)* CITY STATE CM&F GROUP INC 99 HUDSON ST 12FL NEW Y New York, IXY 10013 "If self-insured, provide a written statement ATTEST: I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules. THIS SIGNATURE MUST BE NOTARIZED: 9-16-206 nature of Owner / Managing Officer Sherry Ten-Son
Owner / Managing Officer's Name (Type or Print) 16 day of September Subscribed and sworn to before me this Notary Public

		1	
FROM: (PLEASE PRINT)			
women's Clinic	~ (- HIIIIII		
5505 Broadway Bludste B	EERRY TE	414579458	US
Garland 7+ 75043	1 100		
17243	1308 1-1		PRIORITY
[[-3]		UNITED STATES	+ MAIL+
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Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addresser mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options .	FIF I LIG	Scheduled Delivery Date (MM/DD/YY)	Postage
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Sunday-honday Delivery Required (additional fee, where available*) "Refer to USPS.com* or local Post Office* for availability.	Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee COD Fee
TO: (PLEASE PRINT) PHONE (\$72-30)	Time Accepted	12 NOON 10:30 AM Delivery Fee	Return Receipt Fee Live Animal
Texas State Board of Pharmacy 333 Guadalupe St. Ste 3-60	8:52	1	Transportation Fee
333 Guadalupe CL Ste 3-60	Weight Flat Ra		\$ Total Postage & Fees
Austin Tt 18701 (Theran	\	\$	1195
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For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.	Delivery Attempt (MM/DD/YY)	Time Employee	Signature
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